

TULARE COUNTY

DESIGNATION NOTICE (FMLA/CFRA)

To: (Employee's Name) _____

From: (Name of Employer Representative) _____

Date: _____

Phone: _____

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA) and any supporting documentation that you have provided. We received your most recent information on __ (DATE) __ and decided:

- ☐ Your FMLA/CFRA leave requested is approved. All leave taken for this reason will be designated as:
 - ☐ FMLA leave only
 - ☐ CFRA leave only
 - ☐ FMLA and CFRA leave
- ☐ Your FMLA/CFRA leave request is **not approved**.
 - ☐ Neither the FMLA nor the CFRA apply to your leave request
 - ☐ You have exhausted your FMLA/CFRA leave entitlement in the applicable 12-month period.
- ☐ Additional information is needed to determine if your FMLA leave can be approved:
 - ☐ The information you provided is insufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than __ (DATE) __, unless it is not practicable under the particular circumstances (provide at least seven calendar days) despite your diligent good faith efforts or your leave may be denied. (Specify information needed to make the certification complete and sufficient.)
- ☐ We are exercising our right to obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

INFORMATION FOR APPROVED FMLA/CFRA LEAVE

The FMLA/CFRA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

- ☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____
- ☐ You are required to use paid leave during your FMLA leave.
- ☐ You will be required to present a medical release to return to work. If such certification is not timely received, your return to work may be delayed until medical release is provided.

For further information, contact: (Name/Title) _____

Department: _____

Phone Number: _____